CAP-MR/DD Specialized Consultative Services
Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. During the process of business verification, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definitions, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

1.a-e Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity (refer to attachment titled Business Entity Type).

Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA); Review DMA enrollment document to verify provider's date of enrollment

Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State (refer to key documents section of attachment titled Business Entity Type).

Review the documentation that demonstrates the provider has been accredited by a designated accreditation agency. Evidence of formal application to a DMH-DD-

SAS accepted National Accreditation body (prior to Nov. 1, 2009) or Certificate of National Accreditation (by Nov. 1, 2009 or 1 yr post provider enrollment date)

- Has the provider attained National Accreditation? If so review the actual Accreditation Document.
- If not, what is the provider plan to attain National Accreditation? Review for evidence that the provider has selected an Accrediting agency or has evidence of official intent with an Accrediting agency

2. Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The individual providing the service of Specialized Consultative Services must hold the appropriate North Carolina license for their specialized field of expertise.

Review personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met based on professional standards of certification. Review the job description for professionals and review the program description and personnel manual to determine the role and responsibilities of such staff and the expectation regarding supervision. Review the following for each professional: a copy of the North Carolina license for their specialized field of expertise, such as Nutrition, Physical, Occupational, and Speech Therapy.

3. Service Type/Setting

N/A

4. **Program/Clinical Requirements**

The elements in this section pertain to the provider's having an understanding of array and service delivery of Specialized Consultative Services:

4a.-d. Program description- Provides expertise, training, ongoing monitoring and technical assistance in a specialty area such as therapeutic recreation, speech therapy, occupational therapy, physical therapy or nutrition which assist family members, care givers and other direct care workers in supporting participants with developmental disabilities; family members and other paid/unpaid care givers are trained by licensed professionals to carry out therapeutic interventions; covers the cost of specialists identified as integral part of the treatment team to participate in team meetings; The following can be provided with or without the participant present: observing the participant prior to the development/revision of the Person Centered Plan/Plan of Care to assess and determine treatment needs and effectiveness of current interventions/support techniques.

5. Service Limitations:

The training and education received must not duplicate services provided to family members through Behavior Consultant, Individual/Caregiver Training & Education.

Documentation of the amount of service rendered does not exceed the service limitation of $1,500/per waiver year.

Review the participant's Person Centered Plan/Plan of Care and service notes to verify that the programming is consistent with the participant's needs (as indicated in the Person Centered Plan/Plan of Care).

Documentation Requirements

Services will be documented on service note. Service notes shall include, but not be limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of participant's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A service note that reflects the elements noted above shall be documented at least daily per service by the individual who provided the service.

The completion of a service note to reflect services provided shall be documented within 24 working hours.

Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Refer to the Records Management and Documentation Manual for service notes to verify that documentation is consistent with requirements.

Documentation must reflect the requirements for documentation through the Division of Medical Assistance. Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Review service notes to verify that documentation is consistent with requirements.